## OF IRELAND, 1901.

(Two Examples of the mode of filling up this Table are given on the other side.)

## FORM A.

No. on Form B. 87

BERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night of SUNDAY, the 31st of MARCH, 1901

400	one absent on the night of Sunday, March 31st, to bered here: Except those (not enumerated elsewhere) the may be out at Work or Travelling, &c., during that Night, and who neeven Home on Mondax,		RELATION to Head of Family.	State here the particular Religion, or Religious Denomination.	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb
Numb	Al	that Night, and who RETURN HOME ON MONDAY, APEL 1st.  Subject to the above instruction, the Name of the Head of the Family should be written first; then the names of his Wife, Children, and other Relatives; then those of Visitors, Boarders, Servants, &c.			State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years on last Birth- day.	Months for infants under one Year. Fe	Write "M" for Males and "F" for Females.	State the Particular Rank, Profession, Trade, or other Employment of each person. Children or young persons attending a School, or receiving regular-instruction at home, should be returned as Scholars.	Whether "Married." "Widower," "Widow,"	if in Ireland, state in what County of City; if else- where, state the name of the Country.	Write the word "IRISH" in this column opposite the name of each person who speaks IRISH only, and the words "IRISH & ENGLISH" opposite the names of those who can speak both languages. In other cases no entry should be made in this column.	If Deaf and Dumb; Dumb only; Blind; Imbecile or Idiot; or Lunatic.
1	Christian Name.	Surname.	"Servant," &c.	Denomination, or Body, to which they belong.]				Females.	Before filling this column you are requested to read the Instructions on the other side.]	or "Not Married."		opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Write the respective infirmities opposite the name of the afflicted person.
2	mary	Meetly	Wife	Roman Cathol	e Cannot Read	60		3	Shopkeeper	Widow	County Car	en.	
3											0		
4													
5													
6							1						
8													NAME OF THE PERSON NAME OF THE P
9													
10 _								-					
11 -													
12													
3 _										1			
14 _													
-	I hereby c	ertify, as required	by the Act o	63 Vic., cap. 6, s. 6 (1), tl									A. Car

foregoing Return is correct, according to the best of my knowledge and belief.

(Signature of Enumerator.)

I believe the foregoing to be a true Return.

(Signature of Head of Family).